

L07000643400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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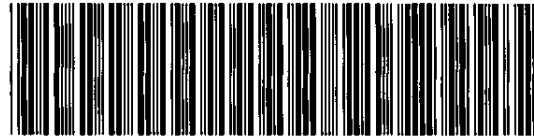
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07 APR 24 AM 8:21

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 864575 7279384

AUTHORIZATION :

COST LIMIT : \$155,000

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07 APR 24 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 23, 2007

ORDER TIME : 5:26 PM

ORDER NO. : 864575-005

CUSTOMER NO: 7279384

DOMESTIC FILING

NAME: NORDIC CIRCLE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
NORDIC CIRCLE, LLC**

**ARTICLE 1 -- NAME**

The name of the Limited Liability Company is: **NORDIC CIRCLE, LLC.**

**ARTICLE 2 -- ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 10 Oakridge Lane  
Tequesta, FL 33469

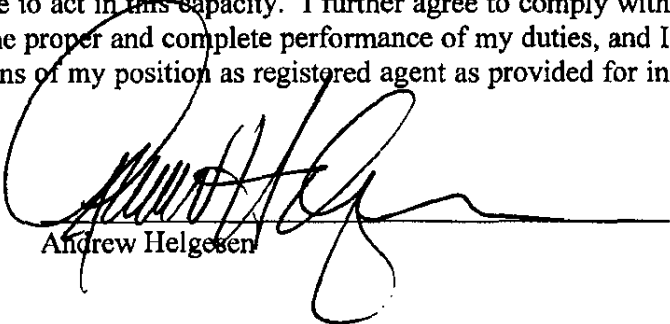
Mailing Address: 10 Oakridge Lane  
Tequesta, FL 33469

**ARTICLE 3 -- REGISTERED AGENT, REGISTERED OFFICE, AND  
REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Andrew Helgesen, Esq.  
11380 Prosperity Farms Road, Suite 201  
Palm Beach Gardens, FL 33410

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

  
Andrew Helgesen

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ARTICLE 4- MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each manager is as follows:

Title:

Name and Address:

Manager:

Elisabeth Wiborg  
10 Oakridge Lane  
Tequesta, FL 33469

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dated this 20 day of April, 2007.



Andrew Helgesen

Authorized representative of the member(s)